STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: Bonie S. Goods	Please check the appropriate box and fill in
MAILING ADDRESS: 17 RCSS SHEEK	the District number.
CITY: SOUTH BERWICK	Member of the Scnate, District
ZIP CODE: <u>03908 - 7773</u>	
PHONE NUMBER: (907) 384-3957	Member of the House, District / // Co

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

FLEASE MEEP A COPY OF	THIS STATEMENT FOR YOUR FILES.	
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Disclosure statements are made available to members of the public upon request.

are statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	Address	Principal Type of Economic Activity of Employer
1- 13/0-		
2		,
3.		
	, NF	
A. Enter the name and address	ess of your business, if any, and list the r ith a partnership, firm, professional assoc	For Legislators who are self-employed.) pajor areas of economic activity from which you derived iation, or similar business entity, list the major areas of
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
1. Husson Called	re parale	gov post secondary
2	122	Chishuchon I libited Outs
3. Low Office of S. Banuar,	Barrie S. Gova es	tota parning, Jame
derived such income. If a specify only the principal	this form of disclosure is prohibited by la I type of economic activity of the entity o	pnomic activity of the entity or person from whom you aw, rule, or an established code of professional ethics, or person from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the
<u>Name of Source</u>	<u>Address</u>	Source of Income
1. <u>blesson</u> Coll	ug 200 Burte	axume liberer and
3		
PART III. MAJOR AREAS practice. If associated with a la	OF PRACTICE. (For Legislators who we firm, list the major areas of practice of	are attorneys-at-law only.) List your major areas of your firm.
Name and Address of Fir	<u>Major Areas of Pract</u> (self)	Major Areas of Practice (firm)
1. LAR STEER OF	Esterte pla	rixing,-kix
17 RUSS St.	and probating	-pord
S. Servel, n	x 03908 (215/1702	<u></u>

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

PART V. DISCLOSURE OF REPORTABLE LIABILITIES. List the names of creditors for any unsecured 3,000 or more that you received during the reporting period, and list the major areas of economic activity of each cred tot list loans from a relative. If none, so state. Principal Type of Economic Name of Creditor Address of Creditor Address of Creditor Activity of Creditor Activity of Creditor Activity of Creditor ACT VI. DISCLOSURE OF GIFTS. Name the specific source of each gift of more than \$300. Include gifts aggregate value of more than \$300 from a single source. If none, so state. 3. 4. ART VII. DISCLOSURE OF HONORARIA. List the source of any honoraria accepted for appearances or stated to your official duties. If none, so state.	. / -	<u>Address</u>	Kind of Income
ART V. DISCLOSURE OF REPORTABLE LIABILITIES. List the names of creditors for any unsecured 0,000 or more that you received during the reporting period, and list the major areas of economic activity of each cred to list loans from a relative. If none, so state. Name of Creditor	<u> </u>		1
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<u>r){0</u>		RE OF HONORARIA. List the source of any l	
	ted to your official dutie		
4	r)/	3	·

PART IX. BUSINESS WITH STATE AGENO your immediate family sold goods or services with	CIES. Identify each exe in a value in excess of \$1	cutive branch agency to which000 during the reporting peri	n you or a member of od. If none, so state.
1. 17/0-			
PART X. INCOME RECEIVED BY MEMBI			
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List the type of economic activity representing eachild(ren) during the reporting period and the kinincome received by spouse and (D) beside source	d of income represented.	. Do not include gifts. Indicat	ur spouse or dependent te (S) beside sources of
Type of Economic Activity Representing Each Source of			· ,
Income Received		Kind of Income	
1. Gappic design (5)	Employer	n/nt
2		, ,	
3			
4		4944	
	1_000 11	1	
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The intentional filing of a false statement appears that a Legislator has willfully file Attorney General. If the Commission det statement or has willfully filed a false statinterest on every question and shall be properties of the Legislature, and shall not a who willfully fails to file a required statenthe State and recoverable in a civil action.	ed a false statement, termines that a Legis tement, the Legislato ecluded from voting ttempt to influence t nent is subject to a c	it shall refer its findings slator has willfully failed or shall be presumed to he on any question in come the outcome of any questively penalty not to exceed	of fact to the to file a required ave a conflict of nittee or in either
			• .
L Works Letters		2/15/5	2
Signature	<u> </u>	Date	742